

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which patent is sought on the invention entitled:

STRUCTURE OF PLATFORM AND AIR-COLLECTING BIN IN A LASER-CUTTING/ENGRAVING MACHINE

the specification of which

☒ is attached hereto OR ☐ was filed on _____ as United States Application Number _____ or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application No.	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed		Certified Copy Attached	
			Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of a United States provisional application(s) listed below.

Application Number	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. or PCT Parent Application No.	Parent Filing Date (MM/DD/YYYY)	Parent Patent No. (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: Jin-Sheng Lai 

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Name of Second Inventor:

Inventor's Signature: _____ Date: _____
Residence: _____
Post Office Address: _____ Citizenship: _____

Name of Third Inventor:

Inventor's Signature: _____ Date: _____
Residence: _____
Post Office Address: _____ Citizenship: _____

Name of Fourth Inventor:

Inventor's Signature: _____ Date: _____
Residence: _____
Post Office Address: _____ Citizenship: _____

Name of Fifth Inventor:

Inventor's Signature: _____ Date: _____
Residence: _____
Post Office Address: _____ Citizenship: _____